



The Quality Measures and An Overview of the Five-Star Quality Rating System

Harmony Healthcare International (HHI)

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Program Content

- Provide an overview of the Five Star Quality Rating System
 - Review the Quality Measures (QMs)
 - Discuss the basic QM calculation and the risk adjustments used in the QMs
 - Explain how each QM is calculated
 - Identify key strategies to ensuring accuracy of the QMs and positively impacting the facility's Five-Star Quality Rating
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The Five-Star Quality Rating

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Five-Star Quality Rating System

- The Domains:
 - Survey
 - Staffing
 - Quality Measures

- Must have **two annual surveys** to have a Five-Star rating.

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According to CMS...

- 5-star rating = “much above average”
- 4-star rating = “above average”
- 3-star rating = “about average”
- 2-star rating = “below average”
- 1-star rating = “much below average”



Health Inspection Domain

- Includes points for deficiencies from standard survey, repeat visits and complaint surveys.
- More recent survey activity is more heavily weighted.



Health Inspection Domain

Table 1
Health Inspection Score: Weights for Different Types of Deficiencies

Severity	Scope		
	Isolated	Pattern	Widespread
Immediate jeopardy to resident health or safety	J 50 points* (75 points)	K 100 points* (125 points)	L 150 points* (175 points)
Actual harm that is not immediate jeopardy	G 20 points	H 35 points (40 points)	I 45 points (50 points)
No actual harm with potential for more than minimal harm that is not immediate jeopardy	D 4 points	E 8 points	F 16 points (20 points)
No actual harm with potential for minimal harm	A 0 point	B 0 points	C 0 points

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Health Inspection Domain

Table 2
Weights for Repeat Revisits

Revisit Number	Noncompliance Points
First	0
Second	50 percent of health inspection score
Third	70 percent of health inspection score
Fourth	85 percent of health inspection score

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Health Inspection Domain



- Assigning stars:
 - Top 10 percent = **5-Star**
 - Middle 70 percent = **2, 3 and 4-Star** (23.33% each)
 - Bottom 20 percent = **1-Star**

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Staffing Domain



- The rating for staffing is based on two case-mix adjusted measures:
 - Total nursing hours per resident day (RN + LPN + nurse aide hours)
 - RN hours per resident day

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Staffing Domain

Table 5
Staffing Points and Rating (updated April 2012)

RN rating and hours		Total staffing rating and hours (RN, LPN and aide)				
		1	2	3	4	5
		<3.262	3.262 – 3.660	3.661 – 4.172	4.173 – 4.417	≥4.418
1	<0.283	1-star	1-star	2-stars	2-stars	3-stars
2	0.283 – 0.378	1-star	2-stars	3-stars	3-stars	4-stars
3	0.379 – 0.512	2-stars	3-stars	4-stars	4-stars	4-stars
4	0.513 – 0.709	2-stars	3-stars	4-stars	4-stars	4-stars
5	≥0.710	3-stars	4-stars	4-stars	4-stars	5-stars

Note: Adjusted staffing values are rounded to three decimal places before the cut points are applied.



Quality Measure Domain

- Short-Stay
 - Percent of Residents Who Had Moderate to Severe Pain
 - Percent of Residents With Pressure Ulcers That are New or Worsened

Quality Measure Domain



■ Long –Stay:

- Percent of Residents Experiencing One or More Falls with Major Injury
- Percent of Residents Who Have Moderate to Severe Pain
- Percent of High-Risk Residents with Pressure Sores

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Quality Measure Domain



■ Long-Stay

- Percent of Residents with a UTI
- Residents Who Have/Had a Catheter Inserted and Left in Their Bladder
- Percent of Residents Who Were Physically Restrained
- Percent of Residents Whose Need for Help with Daily Activities Has Increased

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Quality Measure Domain



- For each measure, 1 to 100 points are assigned based on facility performance
- Facilities achieving the best possible score on the QM are assigned 100 points
- Remaining facilities are assigned 1 to 99 points
- The points are summed across all QMs to create a total score for each facility
- Total possible score ranges from 9 to 900 points

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The Overall Quality Rating



- Start with Health Inspections
- Add one star for 4 or 5-Star Staffing but only if greater than survey
- Subtract one star for 1-Star Staffing
- Add one star for 5-Star QMs
- Subtract one star for 1-Star QMs

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The Overall Quality Rating

- If Health Inspection is 1-Star, Overall Quality Rating cannot be moved up more than one star
- If facility is a SFF, maximum rating is 3-Star

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The Quality Measures (QMs)

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The QMs: Background

- Initially, **CMS posted 17 draft measures** which were expanded to a total of **29 QMs**
- 16 of the draft QMs focus on **influenza and pneumococcal vaccinations**
- The final QMs include **different sets for public reporting and for survey use.**
 - Survey use – 16 measures
 - Public reporting – 28 measures

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Survey Use of QMs

- For traditional survey, the QM reports will become available to surveyors in April 2012.
- Off-site review of the measures will resume prior to survey (as it previously had been conducted with the MDS 2.0 QM/QIs).

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Per CMS, the QMs are:

- **Valid and reliable**
- **Not benchmarks, thresholds, guidelines, or standards of care**
- Based on **care provided to the population of residents** in a facility, not to any individual resident
- **Not appropriate** for use in a **litigation** action

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Quality Measures: The Basic Calculation

- QMs begin as a **simple fraction (or ratio)**:
 - **Numerator**: all residents that trigger
 - **Denominator**: all residents of the facility minus exclusions
- **Risk adjustment then refines raw QM scores** to better reflect the status of residents in the facility.

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Risk Adjustments: Exclusions



- Most measures use at least one exclusion.
- The prevalence of an outcome after exclusions is the **facility-level observed score**.

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Risk Adjustments: Covariates



- First, **resident-level expected QM score** is determined.
- These are averaged to determine a **facility-level expected QM score**.
- This is combined with the facility-level observed QM score to result in the **facility-level adjusted QM score**.

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Risk Adjustments: Covariates

- Only **three of the QMs** are adjusted using resident level covariates for **public reporting**:
 - Percent of Residents With Pressure Ulcers That Are New or Worsened (Short Stay)
 - Percent of Residents Who Self-Report Moderate to Severe Pain (Long Stay)
 - Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (Long Stay)

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Quality Measures Key Definitions and Key Concepts

- **Prevalence vs. Incidence**
- **Minimum sample size** for public reporting
- Uses of and key differences between the:
 - Quality Measures (**QMs**)
 - QMs that are publicly-reported
 - QMs for survey Use
 - Quality of Care and Life Indicators (**QCLIs**)

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Definition: Target Period

- The span of time that **defines the QM reporting period** (e.g., a calendar quarter).



Definition: Stay

- The **period of time between a resident's entry into a facility and either (a) a discharge, or (b) the end of the target period, whichever comes first.**
- A stay is also defined as a set of **contiguous days in a facility.**



Definition: Episode

- A period of time **spanning one or more stays.**
- An **episode begins with an admission and ends with either a discharge, or the end of the target period**, whichever comes first.
- An episode **starts with an admission entry**

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Definition: Episode

- **The earliest of following** ends an episode:
 - A discharge assessment with return not anticipated; **or**
 - A discharge assessment with return anticipated but the resident did not return within 30 days of discharge; **or**
 - A death in facility tracking record **or**
 - The end of the target period.

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Definition: Admission

- An **admission** occurs when the resident has:
 - Never been admitted to this facility before; **or**
 - Been in this facility previously and was discharged return not anticipated; **or**
 - Been in this facility previously and was discharged return anticipated and did not return within 30 days of discharge.

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Definition: Reentry

- A **reentry** occurs when the resident has:
 - Been discharged return anticipated, **and**
 - Returned to the facility within 30 days of discharge.

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Cumulative Days in Facility (CDIF)



- The total number of days within an episode during which the resident was in the facility.
- The **sum of the number of days within each stay** included in an episode.
- If an episode consists of more than one stay separated by time outside the facility (e.g., hospitalizations), **only those days within the facility** would count towards CDIF.

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Long-Stay vs. Short-Stay



- **Short-stay:** An episode with CDIF **less than or equal to 100 days** as of the end of the target period.
- **Long-stay:** An episode with CDIF **greater than or equal to 101 days** as of the end of the target period.
- Special rules apply regarding **10/1/2010 transition** from MDS 2.0 to MDS 3.0

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Target Date



- For an **entry record**, the target date is equal to **the entry date (A1600)**.
- For a **discharge record or death-in-facility record**, the target date is equal to **the discharge date (A2000)**.
- For **all other records**, the target date is equal to **the assessment reference date (A2300)**.

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Target Assessment (Short Stay)



- Qualifying Reason for Assessment (**RFA**):
 - A0310A = [01, 02, 03, 04, 05, 06] or
 - A0310B = [01, 02, 03, 04, 05, 06] or
 - A0310F = [10, 11]
- Within the selected episode
- The **target date is no more than 120 days before the end of the episode**

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Initial Assessment (Short-Stay)



- **First assessment following the admission entry record** at the beginning of the resident's selected episode
- **Qualifying Reason for Assessment (RFA):**
 - A0310A = [01] or
 - A0310B = [01, 06] or
 - A0310F = [10, 11]

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Look-Back Scan (Short-Stay)



- **Qualifying Reason for Assessment (RFA):**
 - A0310A = [01, 02, 03, 04, 05, 06] or
 - A0310B = [01, 02, 03, 04, 05, 06] or
 - A0310F = [10, 11]
- **Scan all assessments** within the selected episode

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Target Assessment (Long-Stay)



- Qualifying Reason for Assessment (RFA):
 - A0310A = [01, 02, 03, 04, 05, 06] or
 - A0310B = [01, 02, 03, 04, 05, 06] or
 - A0310F = [10, 11]
- The **target date is no more than 120 days before the end** of the episode

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Prior Assessment (Long-Stay)



- Qualifying Reason for Assessment (RFA):
 - A0310A = [01, 02, 03, 04, 05, 06] or
 - A0310B = [01, 02, 03, 04, 05, 06] or
 - A0310F = [10, 11]
- Latest assessment that is **46 to 165 days before the target assessment.**

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Look-Back Scan (Long-Stay)

- Qualifying Reason for Assessment (**RFA**):
 - A0310A = [01, 02, 03, 04, 05, 06] or
 - A0310B = [01, 02, 03, 04, 05, 06] or
 - A0310F = [10, 11]
- Scan **all assessments** within the selected episode with dates **no more than 275 days prior to the target assessment**

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Percent of Residents Who Self-Report Moderate to Severe Pain (Short-Stay)

Numerator:

- Short-stay residents with a target assessment that meets **either or both** of the following two conditions:
 - **Condition #1:** resident reports daily pain with at least one episode of moderate/severe pain
 - **Condition #2:** resident reports very severe/horrible pain of any frequency

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Percent of Residents Who Self-Report Moderate to Severe Pain (Short Stay)



Denominator:

- All short-stay residents with a selected target assessment, except those with exclusions

Exclusions:

- Missing/inconsistent data

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Percent of Residents with Pressure Ulcers That are New or Worsened (Short-Stay)



Numerator:

- Short-stay residents for which a **look-back scan** indicates one or more **new or worsening Stage 2-4 pressure ulcers**

Denominator:

- All residents with one or more assessments that are eligible for a look-back scan, except those with exclusions.

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Percent of Residents with Pressure Ulcers That are New or Worsened (Short-Stay)



Exclusions:

- Missing/inconsistent data

Risk Adjustments:

- Resident-level covariate (based on the Initial Assessment)
 - Require limited or more assistance in bed
 - Have bowel incontinence at least occasionally
 - Diabetes or peripheral vascular disease
 - Low Body Mass Index (BMI between 12 -19)

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Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay)



Numerator:

- Short-stay residents assessed and appropriately given the flu vaccine (or who were offered and declined or were unable to receive due to contraindications)

Denominator:

- Short-stay residents with a target MDS except those not in facility during the current or most recent flu season

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Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)



■ Further divided into three additional QMs:

- Percent of Residents Who Received the Seasonal Influenza Vaccine (Short-Stay)
- Percent of Residents Who Were Offered and Declined the Seasonal Influenza Vaccine (Short-Stay)
- Percent of Residents Who Did Not Receive, Due to Medical Contraindication, the Seasonal Influenza Vaccine (Short-Stay)

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Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)



Numerator:

- Short-stay residents who were assessed and appropriately given the Pneumococcal vaccine (or who were offered and declined or were unable to receive due to contraindications)

Denominator:

- All short-stay residents with a target MDS

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Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Short -Stay)



■ Further divided into three additional QMs:

- Percent of Residents Who Received the Pneumococcal Vaccine (Short-Stay)
- Percent of Residents Who Were Offered and Declined the Pneumococcal Vaccine (Short-Stay)
- Percent of Residents Who Did Not Receive, Due to Medical Contraindication, the Pneumococcal Vaccine (Short-Stay)

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Percent of Residents Experiencing One or More Falls with Major Injury (Long-Stay)



Numerator:

- Long-stay residents who experienced one or more falls that resulted in major injury on one or more assessments in the look-back scan

Denominator:

- All long-stay residents with one or more assessments in the look-back scan

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Percent of Residents Experiencing One or More Falls with Major Injury (Long-Stay)



■ Exclusions:

- Missing data in all of the look-back scan assessments

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Percent of Residents Who Self-Report Moderate to Severe Pain (Long-Stay)



Numerator:

- Long-stay residents who self report almost constant or frequent pain AND at least one episode of moderate to severe pain OR very severe/horrible pain of any frequency

Denominator:

- All long stay residents who do not meet the exclusion criteria

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Percent of Residents Who Self-Report Moderate to Severe Pain (Long-Stay)



Exclusions:

- Admission, 5-Day or Medicare Return/Readmit MDS
- Missing/inconsistent data

Risk Adjustments:

- Resident-level covariate based on daily decision making abilities on **prior assessment**

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Percent of High Risk Residents with Pressure Ulcers (Long-Stay)



Numerator:

- Long-stay residents who were identified as high risk and who have one or more Stage 2-4 pressure ulcer(s)

Denominator:

- Long-stay residents with a target assessment who were identified as high risk

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Percent of High Risk Residents with Pressure Ulcers (Long-Stay)



Exclusions:

- OBRA admission or a 5-day or Return/Readmission PPS MDS
- Missing data

Risk Adjustments (Any of the following = high risk):

- Comatose
- Impaired (extensive +) in bed mobility and/or transfer
- Malnutrition or at risk for malnutrition

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Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long-Stay)



Numerator:

- Long-stay residents assessed and appropriately given the flu vaccine (or who were offered and declined or were unable to receive due to contraindications)

Denominator:

- Long-stay residents with a target assessment except those not in the facility during the annual influenza season

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Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long-Stay)

■ Further divided into three additional QMs:

- Percent of Residents Who Received the Seasonal Influenza Vaccine (Long-Stay)
- Percent of Residents Who Were Offered and Declined the Seasonal Influenza Vaccine (Long-Stay)
- Percent of Residents Who Did Not Receive, Due to Medical Contraindication, the Seasonal Influenza Vaccine (Long-Stay)

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Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Long-Stay)

Numerator:

- Long-stay residents who were assessed and appropriately given the Pneumococcal Vaccine (or who were offered and declined or were unable to receive due to contraindications)

Denominator:

- All long-stay residents with a target MDS

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Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Long-Stay)



■ Further divided into three additional QMs:

- Percent of Residents Who Received the Pneumococcal Vaccine (Long-Stay)
- Percent of Residents Who Were Offered and Declined the Pneumococcal Vaccine (Long-Stay)
- Percent of Residents Who Did Not Receive, Due to Medical Contraindication, the Pneumococcal Vaccine (Long-Stay)

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Percent of Residents with a Urinary Tract Infection (Long-Stay)



Numerator:

- Long-stay residents with a UTI in the last 30 days

Denominator:

- All long-stay residents except exclusions

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Percent of Residents with a Urinary Tract Infection (Long-Stay)



Exclusions:

- OBRA Admission or PPS 5-Day or Return/Readmission assessments
- Missing data

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Percent of Low Risk Residents Who Lose Control of their Bowels or Bladder (Long-Stay)



Numerator:

- Long-stay residents who are frequently or always incontinent of bowel or bladder and determined to be low risk

Denominator:

- Long-stay residents except exclusions

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Percent of Low Risk Residents Who Lose Control of their Bowels or Bladder (Long-Stay)



Exclusions:

- OBRA Admission, 5-day or Return/Readmission MDS
- Missing data
- High risk residents
- Comatose
- Indwelling catheter
- Ostomy

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Percent of Low Risk Residents Who Lose Control of their Bowels or Bladder (Long-Stay)



Risk Adjustments:

- Residents considered to be high risk and therefore not included:
 - Severe cognitive impairment on the target assessment
 - Totally dependent in bed mobility, transfer or locomotion on unit on the target assessment

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Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (Long-Stay)



Numerator:

- Long-stay residents with an indwelling catheter on the target assessment

Denominator:

- Long-stay residents except exclusions

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Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (Long-Stay)



Exclusions:

- Missing data
- OBRA Admission, 5-day or Return/Readmission MDS
- Neurogenic bladder or obstructive uropathy

Risk Adjustments:

- Resident-level Covariate
 - Frequent bowel incontinence on **prior assessment**
 - Pressure ulcer (Stage 2, 3 or 4) on **prior assessment**

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Percent of Residents Who Were Physically Restrained (Long-Stay)



Numerator:

- Long-stay residents with a trunk or limb restraint or a chair that prevents on the target assessment

Denominator:

- All residents with a target assessment, except those with exclusions
-

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Percent of Residents Who Were Physically Restrained (Long-Stay)



Exclusions:

- Missing data
-

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Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long-Stay)



Numerator:

- Long-stay residents with an increase in late-loss ADL scoring of two or more points between the prior assessment and the target assessment

Denominator:

- Long-stay residents with a target and prior assessment

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Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long-Stay)



Exclusions:

- Total dependence in all four late-loss ADL items or total in three of the four and extensive in the remaining late loss ADL
- Comatose
- End stage disease
- Hospice care
- Missing data

Risk Adjustments:

- None

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Percent of Residents Who Lose Too Much Weight (Long-Stay)



Numerator:

- Long-stay nursing home residents with a selected target assessment which indicates a weight loss of 5% or more in the last month or 10% or more in the last 6 months who were not on a physician prescribed weight-loss regimen

Denominator:

- Long-stay nursing home residents with a selected target assessment except those with exclusions

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Percent of Residents Who Lose Too Much Weight (Long-Stay)



Exclusions:

- OBRA Admission, 5-day or Return/Readmission MDS
- Missing data

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Percent of Residents Who Have Depressive Symptoms (Long-Stay)



Numerator:

- Long-Stay residents with
 - A total severity score of 10 or greater on the PHQ-9 or PHQ-9OV **AND**
 - Either little interest or pleasure in doing things **OR** feeling down, depressed or hopeless half or more days

Denominator:

- All residents except exclusions

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Percent of Residents Who Have Depressive Symptoms (Long-Stay)



Exclusions:

- Missing data
- Comatose

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Surveyor Quality Measures Short-Stay Measures



- Self-Reported Moderate/Severe Pain
- New/Worsened Pressure Ulcers

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Surveyor Quality Measures Long-Stay Measures



- Self-Reported Moderate/Severe Pain
- High-Risk Residents with Pressure Ulcers
- Physical Restraints
- Falls
- Falls with Major Injury
- Psychoactive Medication Use in Absence of Psychotic or Related Condition
- Antianxiety/Hypnotic Medication Use

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Surveyor Quality Measures Long-Stay Measures



- Behavior Symptoms Affecting Others
- Depressive Symptoms
- Urinary Tract Infection
- Catheter Inserted and Left in Bladder
- Low-Risk Residents Who Lose Bowel/Bladder Control
- Excessive Weight Loss
- Need for Help with ADLs Has Increased

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Surveyor Quality Measures



- The following four QMs are not included for public reporting but are used by the surveyors.
- All of these topics were Quality Indicators in the MDS 2.0-based QM/QIs.
- They are all long-stay measures.

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Prevalence of Falls



Numerator:

- Long-stay residents with one or more look-back assessments that a fall

Denominator:

- All long-stay nursing home residents with one or more look-back scan assessments except those with exclusions

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Prevalence of Falls



Exclusions:

- Missing data on all assessments in the look-back scan

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Prevalence of Psychoactive Medication Use in Absence of Psychotic or Related Condition



Numerator:

- Long-stay residents with a selected target assessment where antipsychotic medications were received

Denominator:

- All long-stay residents except exclusions

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Prevalence of Psychoactive Medication Use in Absence of Psychotic or Related Condition



Exclusions:

- Missing data
- Any of the conditions listed on the following slide are present on the target assessment (unless otherwise indicated)

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Prevalence of Psychoactive Medication Use in Absence of Psychotic or Related Condition



- Schizophrenia
- Psychotic disorder
- Manic depression
- Tourette's Syndrome (on target or prior assessment)
- Huntington's Disease
- Hallucinations
- Delusions

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Prevalence of Antianxiety/ Hypnotic Use



Numerator:

- Long-stay residents with a selected target assessment where anti-anxiety and/or hypnotic medications were received

Denominator:

- All long-stay residents with a selected target assessment, except those with exclusions

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Prevalence of Antianxiety/ Hypnotic Use



Exclusions:

- Missing data
- Any of the conditions listed on the following slides are present on the target assessment (unless otherwise indicated)

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Prevalence of Antianxiety/ Hypnotic Use



- Schizophrenia
- Psychotic disorder
- Manic depression
- Tourette's Syndrome (on target or prior assessment)
- Huntington's Disease

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Prevalence of Antianxiety/ Hypnotic Use



- Hallucinations
- Delusions
- Post traumatic Stress Disorder (on target or prior assessment)

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Prevalence of Behavior Symptoms Affecting Others



Numerator:

- Long-stay residents with a selected target assessment with the presence of physical, verbal or other behavioral symptoms directed towards others, rejection of care or wandering

Denominator:

- All long-stay residents, except exclusions

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Prevalence of Behavior Symptoms Affecting Others



Exclusions:

- Missing data

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Measures for the 2012 CMS Antipsychotic Initiative



- Percent of Residents Who Received an Antipsychotic Medication (Long-stay)
- Percent of Residents Who Newly Received an Antipsychotic Medication (Short-stay)

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Measures for the 2012 CMS Antipsychotic Initiative



- Description of Antipsychotic Medication Quality Measures on Nursing Home Compare
- <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Downloads/AntipsychoticMedicationQM.pdf>

How is Wyoming doing???



Measures for the 2012 CMS Antipsychotic Initiative



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MDS 3.0 Facility Quality Measure Report



CASPER Report MDS 3.0 Facility Quality Measure Report

Page 1 of 1

Facility ID: [REDACTED]
CCN: [REDACTED]
Facility Name: [REDACTED]
City/State: [REDACTED]
Data was calculated on: 11/22/2011

Report Period: 06/01/11 - 10/31/11
Comparison Group: 03/01/11 - 08/31/11
Run Date: 12/16/11
Report Version Number: 1.00

Note: Dashes represent a value that could not be computed
Note: S = short stay, L = long stay
Note: * is an indicator used to identify that the measure is flagged

	Measure ID	Num	Denom	Facility Observed Percent	Facility Adjusted Percent	Comparison Group State Average	Comparison Group National Average	Comparison Group National Percentile
Self-Reported (SR) Moderate/Severe Pain (S)	0676	0	4,453	0.0%	0.0%	23.7%	23.1%	0
Self-Reported (SR) Moderate/Severe Pain (L)	0677	0	1,038	0.0%	0.0%	19.7%	16.6%	0
High-Risk Residents with Pressure Ulcers (L)	0679	378	591	64.0%	64.0%	16.4%	10.2%	99 *
New/Worsened Pressure Ulcers (S)	0678	557	2,516	22.1%	0.0%	2.1%	2.7%	0

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MDS 3.0 Resident Level Quality Measure Report



CASPER Report
MDS 3.0 Resident Level Quality Measure Report

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Facility ID: [REDACTED]
Facility Name: [REDACTED]
CCN: [REDACTED]
City/State: [REDACTED]
Data was calculated on: 11/22/2011

Report Period: 05/01/11 - 10/31/11
Run Date: 12/29/11
Report Version Number: 1.00

Note: S = short stay, L = long stay, X = triggered, b = not triggered or excluded

Resident Name	Resident ID	A0310A/B/F	SR Moderate/Severe Pain (S)	SR Moderate/Severe Pain (L)	Hi-Risk Pressure Ulcer (L)	New/Worsened Pres. Ulcer (S)	Physical Restraints (L)	Falls (L)	Falls w/Major Injury (L)	Psychotropic Medic Without Condition (L)	Antianxiety/Hypnotic Med (L)	Behavioral Symptoms Affecting Others (L)	Depressive Symptoms (L)	Urinary Tract Infection (L)	Catheter Inserted and Left in Bladder (L)	Lo-Risk Res. Low Bowel/Bladder Control (L)	Excessive Weight Loss (L)	Need for Increased ADL Help (L)	Quality Measure Count
Discharged Residents																			
[REDACTED]	20266405	03/03/11	b	b	b	X	b	b	b	b	b	b	b	b	b	b	b	b	1
[REDACTED]	20266407	03/03/10	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
[REDACTED]	20266408	03/03/10	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
[REDACTED]	20266409	03/03/11	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
[REDACTED]	20266412	03/04/10	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0

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MDS 3.0 Quality Measure Monthly Comparison Report



CASPER Report
MDS 3.0 Quality Measure Monthly Comparison Report

Page 1 of 1

Facility ID: [REDACTED]
CCN: [REDACTED]
Facility Name: [REDACTED]
City/State: [REDACTED]

Report Period: 03/01/11 - 08/31/11
Run Date: 12/16/11
Report Version Number: 1.00

Note: S = short stay, L = long stay
Note: N/A represents a value that could not be computed

Long Stay Measure (Sample size = 670)
Short Stay Measure (Sample size = 6060)

Measure ID	Measure Description	Facility Percent	State Percent	National Percent
0676	Self-Reported (SR) Moderate/Severe Pain (S)	0.0%	23.7%	23.1%
0677	Self-Reported (SR) Moderate/Severe Pain (L)	6.9%	19.7%	16.6%
0679	High-Risk Residents with Pressure Ulcers (L)	71.8%	16.4%	10.2%
0678	New/Worsened Pressure Ulcers (S)	0.0%	2.1%	2.7%
0687	Physical Restraints (L)	0.0%	0.8%	2.1%

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Differences in Facility Level and Publicly Reported QMs



- Different measures
- Timing
- Reporting periods
- Averaging across quarters
- Risk adjustment

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A Few Final Thoughts....



- **Audit, audit, audit** for MDS accuracy!
- Risk adjustments often come from **prior or initial** assessments.
- Long Stay vs. Short Stay
- By the time the QMs are posted it is **old news!**
- The first step to using these calculations in QAA is **verifying the data!**
- Consider **unit to unit** results.

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■ **Questions?**

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■ 518-477-0608

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- MDS 3.0 Quality Measures User's Manual

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- Five Star Technical User's Guide

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- Five Star Q & A Document

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